child because Yes No X	nsactions, or liabilities of a spouse or dependent c	" income, tran	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?
trusts" need not Yes No No	s of Official Conduct and certain other "excepted t	on standards	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
ANSWER EACH OF THESE QUESTIONS		T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
must be answered and the ed for each "Yes" response.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	<b>₹</b>	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.
arrangement with  Yes No	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	No	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.
or before the date  Yes No X	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	No	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.
I receive any n the reporting Yes No	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)?  If yes, complete and attach Schedule VII.	¥  X	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.
receive any regating more Yes No X	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	N <sub>o</sub>	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes  Yes
	SE QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
against anyone who files more than 30 days late.	Termination Date:	Employee	Report Annual (May 15)  Amendment
A \$200 penalty shall be assessed	or Employing Office:	Officer or	Member of the U.S. State:
(Office Use Only)	(Daytime Telephone)		I mothy L. Walberg
2008 MAY 15 PH 4:45	K 17 / 72		
DELIVERED	Form A For use by Members, officers, and employees		2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period
			UNITED STATES HOUSE OF REPRESENTATIVES

Name	
Timothy	
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Walberg	
Page 1 of 9	

# SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Figure 1. William year (such as National Cuard or Bosons and todays processes and bosoffer received under the Social Security Act

<b>Exclude:</b> Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	fits received under the Social Sec	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd) Ontario County Roard of Education	Spouse Speech Spouse Salary	\$1,000 NA
State of Michigan	Leaislative Pension	48,454

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	Name
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Page A of

# SCHEDULE II --- PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Conduct. A green envelope for transmitting the list is included in each Member's filing package. List the source, activity (i.e. speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official

	•		
Source	Activity	Date	Amount
	Speech	Feb. 2, 2007	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2007	\$500
	1		

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#### exceeding \$1,000 at the end of the reporting perinot self-directed, name the institution holding the reporting threshold. For retirement plans that are each asset in the account that exceeds the provide the value and income information on not exercised, to select the specific investments), (i.e., plans in which you have the power, even if plans (such as 401(k) plans) that are self directed ticker symbols). For **all IRAs** and other retirement names of stocks and mutual funds (do not use land, provide a complete address. Provide full income during the year. For rental property or which generated more than \$200 in "unearned" od, and (b) any other asset or sources of income duction of income with a fair market value Identify (a) each asset held for investment or pro-Asset and/or Income Source BLOCK A please specify the method used. æ O O Ш

Government retirement programs. less in personal savings accounts; any financial your spouse, or by you or your spouse's child, there is rental income); any debt owed to you by Exclude: Your personal residence(s) (unless parent, or sibling; any deposits totalling \$5,000 or or income derived from U.S.

Block A. For additional information, see

instruction booklet.

account and its value at the end of the reporting

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traded, state the name of the business, the nature period. For an active business that is not publicly

its activities, and its geographic location

or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. If you so choose, you may indicate that an asset None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

\$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

**EXCEPTED/BLIND TRUST** 

(Specify: For Example, Partnership Income or Farm Income)

Other Type of Income

Over \$50,000,000

NONE

RENT

**DIVIDENDS** 

INTEREST

**CAPITAL GAINS** 

8

Examples.

SP

Mega Corp. Stock

Simon & Schuster

Indefinite

×

×

×

Royalties

×

1st Bank of Paducah, KY Accounts

Jashin.

Investors

1merican

Mutual tund - 19

Fund

#### Value of Asset BLOCK B

method other than fair market value, reporting year. It you use a valuation Indicate value of asset at close of

year and is included only because it generated income, the value should be If an asset was sold during the reporting

ate any income during calendar yea

Type of Income

BLOCK C

Check all columns that apply. F vested, should be listed as incom Dividends and interest, even if rei investments, you may write "NA." F not allow you to choose speci Check "None" if asset did not gene indicate the type of income by chec all other assets including all IRA retirement plans or accounts that the appropriate box belo

BLOCK D

BLOCK E

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		×		人		×				None	_	For not mer For indi che che Che
	X	^ .	1							\$1 - \$200	=	
			$\times$		$\times$					\$201 – \$1,000	=	Arriver in Arriver Arr
Ī			3						×	\$1,001 - \$2,500	7	Amount of retirement plans allow you to chooms, you may write, you may write, you may write the casets, cate the cappropersion of the c
Ī				-						\$2,501 – \$5,000	٧	nount plan ynt plan ynt plan yn to c may v may v r asset e catte catt in and in
1							×			\$5,001 – \$15,000	٧.	
										\$15,001 - \$50,000	IIA	or accounts or accounts one specific te "NA" for including a ory of inco opriate box opriate box orest, even listed as income was recome was re
			)	Ì						\$50,001 - \$100,000	ШЛ	Income accounts se specific "NA" for in "Cluding al y of incouriate box set, even i sted as in me was re
	<u> </u>							×		\$100,001 - \$1,000,000	×	unts tha scific invocific invocation income box be box income as income as received as received.
				.,						\$1,000,001 - \$5,000,000	×	ts that do ic invest-income.  all IRAs, come below.  if rein-income.  received.
₋┃										Over \$5,000,000	×	do do st- ne. by by by ow.
All DATE	S.	S,P	S	5	S	S			S (partial)	please indicate as follows: (S) (partial) See below for example.  P, S, E	If only a portion of an asset is sold,	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

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Imperious

Cash Management Trust

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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Continuation Sheet (if needed) ICON Lonsumer Discretionary ICON Telecommunications & Little ICON Industrials ture ICON Leisure & Consumer Asset and/or Income Source Halthcare 1000 P TACOWA BLOCK A Market Sec Jawth という Pechnolog & Micomo  $\rightarrow$ None 8 \$1 - \$1,000メド  $\prec$  $\times$  $\times$ 0 \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B 7) \$100,001 - \$250,000 G \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 **د**ــ \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE ×× XX DIVIDENDS RENT INTEREST of Income BLOCK C Type  $\times$ メメ  $\times$ CAPITAL GAINS **EXCEPTED/BLIND TRUST** Other Type of Income (Specify) None \$1 - \$200 Amount of Income ≡ \$201 - \$1,000 7 X \$1,001 - \$2,500 < BLOCK D \$2,501 - \$5,000 VI VII VIII \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000  $\overline{\times}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000  $\succeq$ Over \$5,000,000 Transaction  $\supseteq$ 123 7 BLOCK E 1 ரைவை

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# SCHEDULE IV— TRANSACTIONS

Name Timothy L. Walbery

Page 5 of

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Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property,	Type of Transaction	Type ansa	ction	Date			mo	Amount of		Transaction	ğ		
stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions	,			(MO/DAY/YR)	<b>D</b>	C	<b>.</b> a	m 	<u>."</u> ۵		<u>-</u>	4	<u> </u>
that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal	RCHASE	E.	CHANGE	Quarterly, Monthly, or Bi-weekly, if	0	00	000	000 201-		0,000 0,001	0,001- 00,000	00,001-	00,000
sold, please so indicate (i.e., "partial sale"). See example below.	PU	SA	EX	applicable	\$1,00 \$15,0	\$15,0 \$50,0	\$100 \$100	\$250 <b>\$250</b>	\$500 \$500	\$1,00	\$5,00	\$25,0	Over \$50,0
SP, DC, JT Asset		,	, , ,							3 7			
SP Example: Mega Coporation Common Stock (partial sale)		×		10-12-07	2 2 4	×		·					
Washington Mutual Investors Find A		X		D-1-07	Ø			· · · · · ·		. ,			
AMCAP Fond A		$\times$		10-1-07	*	ş.`	3						
American Mutual Fund A		×		10-1-07	×	,	3	, ,		,			
The Growth Fund of America A	* * * *	×	. 4	10-1-67	×		,						
The Wash Management Trust of America A		$\times$	; ;	3-27-67	X		<u> </u>			 			
		×	, , , , , , , , , , , , , , , , , , ,	5-8-67	×	· ·							
	<			10-1-07	×	,			. ` .	÷ ^	ļ	¥ ( , , , )	
		×		10-3-67	×			-		, ,	<u> </u>		
		×		11-13-67	*							**	
American Balanced Food A		×		10-1-07	K				3,433				
Smullcap World Fund A		×		10-1-67	Κ.			13.55					
ICCN Materials Find			×	6-4-67	X								
ICON Consumer Discretionary Fund			XX	8-8-87	××		1 1						
		;	XX	10-24-67 10-25-07	**	1,335							
1			×	12-7-67	×	1,100			, ,		<u> </u>		
		 				" " " " " " " " " " " " " " " " " " " "					***		

Name Timothy L. Wulberg Page 6 of 9

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chase, sale, or exchange by you, your spouse or	Type of Transaction	Type ansac		Date			A H	Amount of Transaction	of T	ans	actio	<b>Š</b>		
commodities futures, or other securities when the					`			_ ;		_};	_	-	$\dashv$	
transaction exceeded \$1,000. Include transactions			: :	(MO/DAY/YR)	, D	C	ָּ ס	ភា	ना	ច	; :	 به زُ	<u> </u>	
sa loss. Provide a brief description of any exchange	SE		GE	Ouarterly			:	<del></del>				) 1-	<u> </u>	
not report a transaction between you, your spouse, tent child, or the purchase or sale of your personal	RCHA	E	HAN	Monthly, or	) )0	)1- )0	200	000	001 <sub>6</sub>	0,000	0,001 0,000	0,001 00,00 0 <b>0,00</b>	00,00	00,00
ess it is rented out. If only a portion of an asset is	PU	SAI	EX	applicable	1,00 15,0	15,0 550,0		\$100. \$250.	<u> </u>			\$25.0 <b>\$25.</b> 0	\$50,0 Over	φου,ί
Asset								_	_	7. F			铁油	
Mega Coporation Common Stock (partial sale)	1 2 20	×	3 * 3 ?	10-12-07	7. J	×					West of			_
CON Energy			××	1-11-07	KW			-3×'	. जेड़ जेड़ 	- Colta	in i			
CON Financial Fund			××	2-22-07	××	-"				1 1255	1. 18 () 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	13/11		
CON Leisure and Consumer Stap			×	6-4-67	<b>/</b>				44.		9 24 19 12			
CON Industrials Fond			×	12-7-07	X							The state of the s	. ,	<u></u>
ICON Telecommunications SUtil			××	4-23-67	××					<b>5</b> 4.		 		
ICON INFORMATION Technology		<u> </u>	×	2-22-07	X									<u> </u>
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### SCHEDULE V— LIABILITIES

Name Timothy L. Walberg

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

	S, D, S, P, C,						
	Creditor	Example: First Bank of Wilmington, Delaware					
	Type of Liability	Mortgage on 123 Main St., Dover, Del.					
1	\$1,001- \$15,000 \$15,001-	* * *		* 4 2 %		, ,	
}	\$50,000		. ( * · · ·				-
A	\$100,000 m \$100,001- \$250,000	×	, ,				
Amount of Liability	\$250,001- \$500,000					* (1	_
f Liabi	\$500,001- \$1,000,000						
₹	\$1,000,001- \$5,000,000					,	
	\$5,000,001- \$25,000,000	<u> </u>				<i>3</i>	
	\$25,000,001 \$50,000,000	10.				-	. ` . 
	\$50,000,000	<u>L</u>		L	l	<u> </u>	

#### SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$305 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$122 or less need not be added towards the \$305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source  Example: Mr. Joseph H. Smith, Anytown, Anystate

SCHEDULE VII-
- TRAVEL
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MENTS

Name Timothy L. Walberg Page 8

you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$305 received by

spouse or dependent child that is totally independent of his or her relationship to you. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. §7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a or were paid by you and reimbursed by the sponsor.

	7	Г					-	 ļ		
Source	Examples: Chicago Chamber of Commerce	-	Heritage Foundation	Club For Growth						
Date(s)	Mar. 2	Aug. 6–11	Feb.1-3	Mar 29-Apr. 2						
City of Departure—Destination— City of Return	DC—Chicago—DC	DC—Los Angeles—Cleveland	DC-Baltimore, MD-DC	Mas 29-April DC-West Palm Beach, FL-Detroit						
Lodging?	z	Υ	ረ	4						
Food? (Y/N	Z	Υ	4	7						
Was a Family Member Included? (Y/N)	Z	Υ	4	$\varphi$						
Number of days not at sponsor's expense	None	2 Days	None	1 Day						

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Name Timothy L. Walberd

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature

,		 	 	 
				Position
				Name of Organization
	i i			

### SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

Date	Parties To	Terms of Agreement
ļ		